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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90027 050 ***150.00

05-13-1999 90010 024 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000000723

1. Corporation Name
HADDAD & HESTER, P.A.

Principal Place of Business
**ONE FINANCIAL PLAZA SUITE 2612
 FORT LAUDERDALE FL 33394**

Mailing Address
**ONE FINANCIAL PLAZA SUITE 2612
 FORT LAUDERDALE FL 33394**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1998

4. FEI Number
65-0803625

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent
**HADDAD, FRED
 ONE FINANCIAL PLAZA SUITE 2612
 FORT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **X JULIA HESTER** DATE **X 4-13-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
		1.1 TITLE	President / Pres.
		1.2 NAME	Fred Naddad
		1.3 STREET ADDRESS	One Financial Plaza, Ste 2612
		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33394
		2.1 TITLE	Vice President / Sec.
		2.2 NAME	Julia Nester
		2.3 STREET ADDRESS	One Financial Plaza Ste 2612
		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33394
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X JULIA HESTER** DATE **X 4-14-99** DAYTIME PHONE # **954-467-6767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)